

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

167

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St. Joseph

Primary Registration District No. 1001

City St. Joseph

(No. St. Joseph Hospital)

File No. 3

Registered No. 3

St. Conception Ward Missouri

2. FULL NAME Clement Laurence Meyer

(a) Residence, No. Conception Missouri

(Usual place of abode)

St. Conception

Ward Missouri

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 5 mos. 5 ds.

How long in U. S., if of foreign birth?

yrs. 5 mos. 5 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 11, 1862		
7. AGE	YEARS	MONTHS
	69	2
		20
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
Farmer self		1
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) Carrolltown (STATE OR COUNTRY) Penn.		
13. NAME Lewis Meyer		
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) France		
15. MAIDEN NAME Elizabeth Noel		
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Germany		
17. INFORMANT Rose A Meyer (ADDRESS) St Joseph Hospital St Joseph Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Conception Mo. DATE January 4 1932		
19. UNDERTAKER H. Q. Schumaker (ADDRESS) 1802 Union St St Joseph Mo.		
20. FILED JAN 2 1932 John R. Bender Registrar		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 1**, 19 **32**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 28**, 19 **32**, to **Jan 1**, 19 **32**.
I last saw him alive on **Jan 1**, 19 **32**. Death is said to have occurred on the date stated above, at **8:40 P.** m.
The principal cause of death and related causes of importance were as follows:
Heart embolism Date of onset **Jan 20**
91A
115.0
91A
36
Other contributory causes of importance:
Barbiturates, general
Infected teeth
Name of operation **none** Date of **none**
What test confirmed diagnosis? **none** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **none** Date of injury **none**, 19 **32**
Where did injury occur? **none** (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **none**
Nature of injury **none**

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify **none**
(Signed) **John R. Bender**, M. D.
(Address) **St. Joseph Mo.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FEB 23 1932

